



## Business Tax Certificate Application

Finance Department • P.O. Box 45017 • Fresno, CA 93718-5017  
Fresno City Hall • 2600 Fresno St., Room 1096 • Fresno, CA 93721  
Phone: (559) 621-6880 / FAX: (559) 457-1080  
Hours: Monday – Friday 9:00 a.m. – 4:30 p.m.

Application Processing Fee	\$	20.00
Initial Tax Charge	+ \$	
State Mandated Fee	+ \$	4.00
<small>For more information see AB1379 notice on reverse</small>		
<b>Please remit this amount</b>	<b>= \$</b>	

**NOTICE:** Before you apply for a new business tax certificate, you are required to obtain a zone clearance for your business location from the City of Fresno Planning Department. Please contact the Planning Division to begin the approval process at its location in Fresno City Hall, 2600 Fresno St Room 3043, Fresno CA. You may also contact the department at (559) 621-8277 or visit its web site at <https://lmsaca.fresno.gov/citizenAccess>. It is your responsibility to check with the Fresno Police and Fire Departments to determine any additional requirements for your business in your proposed location.

1. Business Name: \_\_\_\_\_  
*If a business name is not used, enter owner's name*  
\_\_\_\_\_  
*Corporation name (if applicable)*
2. Email Address: \_\_\_\_\_ [ ] Email Notification Opt-In
3. Describe Business: \_\_\_\_\_  
(In Detail) *Include principal service or product, and whether business income is wholesale, retail or both*  
\_\_\_\_\_
4. Date Opened: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ *Date business began operating in the City of Fresno*  
*mo day yr*
5. Business Location: \_\_\_\_\_  
*Physical/street address (or range of addresses) Unit #*  
\_\_\_\_\_  
*City State Zip Code Business Phone #*
6. Mailing Address: \_\_\_\_\_  
*Street/P.O. Box Address Unit# Attention*  
\_\_\_\_\_  
*City State Zip Code*
7. Ownership Type: (mark all that apply)  
[ ] Sole Proprietor [ ] Partnership [ ] Corporation # \_\_\_\_\_ [ ] LLC# \_\_\_\_\_  
[ ] Non-Profit [ ] U.S. Armed Forces Veteran (Honorably Discharged)  
[ ] Other (specify) \_\_\_\_\_

8. Ownership Info:	(Circle One)		(Circle One)	
	Owner / Partner / President		Co-Owner / Partner / Vice Pres. / Etc.	
	Full Name			
	Complete Residential Address (include zip)			
	Telephone	Home: Cell:	Home: Cell:	
	Date of Birth			
Driver's License No.				

**If additional partners/owners exist, please attach a separate list with the above info included**

9. Federal Tax I.D. No.:	State Resale No.:	State Contractors Lic. No.:	Exp.:
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**MUST COMPLETE BOTH SIDES OF APPLICATION • INITIAL AND SIGN**

For Official Use Only			
Business Type:	First Tax Period:	Expiration Date:	
Notes: _____			
IYE: [ ] Yes [ ] No	[ ] Amusement Device [ ] Billiards [ ] JPD CLSD/Date	Pulled	Scanned
Account:	Date:	By:	

## Business Description and Information

If you know your NAICS code, provided by the state, please provide: \_\_\_\_\_

Number of Employees: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Current Year Estimated Gross Receipts in City of Fresno \$ \_\_\_\_\_ .00 Square Footage: \_\_\_\_\_

Please describe your business and the products or services you will provide. Include types of products and quantities stored: \_\_\_\_\_

Do you sell your service or product outside of California? [ ] Yes [ ] No

If Yes, what is the current year estimated gross value of product/service you export? \$ \_\_\_\_\_ .00

Landlord Info:

\_\_\_\_\_  
Name of property owner or person to whom rent is paid

\_\_\_\_\_  
Address of property owner or person to whom rent is paid

Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. A mandatory state fee of \$4.00 is charged on any applicant for a local business license or similar instrument or permit, or renewal thereof, to increase disability access and compliance with construction-related accessibility requirements. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Division of the State Architect at [www.dgs.ca.gov/dsa/Home.aspx](http://www.dgs.ca.gov/dsa/Home.aspx) or (916) 445-8100

The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov) or (559) 445-6011/TTY (844) 729-2800

The California Commission of Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov) or (916) 319-9974

\_\_\_\_\_  
Initial I have obtained a completed and approved  
Zone Clearance from the City of Fresno  
Planning Division. **Does not** apply to  
Mobile Vendors (food trucks/trailers,  
ice cream trucks, etc.)

\_\_\_\_\_  
Initial I acknowledge that the issuance of a Business Tax Certificate  
does not exempt me from the requirements of any  
City, County, State, or Federal law.

\_\_\_\_\_  
Initial The zone clearance document is attached  
to this application. **Does not** apply to Mobile  
Vendors (food trucks/trailers, ice cream trucks, etc.)

\_\_\_\_\_  
Initial I will contact the Business Tax Division  
if there are any changes to this account

I hereby certify under penalty of perjury under the State laws of California that the above information is correct and I am an authorized representative of this business. I understand this application is a City of Fresno Municipal Code requirement and not a license to do business. I agree to conduct all phases of this business in conformance with all applicable laws, ordinances, and regulations established for such business/profession.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**\*\* DO NOT EMAIL OR FAX THIS APPLICATION FORM – IT WILL NOT BE PROCESSED \*\***

You may: 1) mail in the application with the \$24.00 fees, 2) bring the application to Fresno City Hall - Room 1096, or 3) file online at <https://www.fresno.gov/finance/business-license-and-tax-certificate/application-for-business-tax-certificate/>

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

ACCT # \_\_\_\_\_

INITIALS \_\_\_\_\_

